

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-family: cursive;">09/067640</div>	FILING DATE				
APPLICANT(S)												
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2		/					52					
3		/					53					
4		/					54					
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42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	43						TOTAL DEP.					
TOTAL CLAIMS	47						TOTAL CLAIMS					